A45358 D. VINNO TREET ADDRESS, CTY, STATE, 2P CODE 110/28/2017 STREET ADDRESS, CTY, STATE, 2P CODE 110/28/2017 STATE 110	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVID IDENTIF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION		SURVEY
AKEBRIDGE, A WATERS COMMUNITY, LLC PAYING PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR USE DEMINIFYING INFORMATION) FREETIX TAG INITIAL COMMENTS An annual Recertification survey and investigation of complaints #41540, #41705, #42484, and #427454 was conducted at Lakebridge, A Waters Community, LLC. Deficiencies were cited related to complaints #44548 and #427454 under 42 CFR 483, Requirements for Long Term Care Facilities. F 224 SS=D MISTREAT MENTYNEGLECT/MISAPPROPRIATIN \$483.12 The resident has the right to be free from abuse, riegled, misappropriation of resident fon corporal punishment, involuntary seclusion and any physical or chamical restraint not required to treat the resident's symptoms. 483.12(b) The facility must develop and implement written policies and procedures to investigate any such allegations, and (b)(1) Prohibit and prevent abuse, neglect, and exploitation of resident property, (b)(2) Establish policies and procedures to investigate any such allegations, and (b)(3) Include training as required at paragraph \$483.95. This REQUIREMENT Is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility falled to prevent the misappropriator) of medication for one such and interview, the facility falled to prevent the misappropriation of crastic property. This REQUIREMENT Is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility falled to prevent the misappropriation of medication for one			44535B	B. WING			25/2017
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the misappropriation of medication for one		\$483.95, This REQUIREME by: Based on facility p	NT is not met as evidenced policy review, medical record		defense, legal or equitable	e in administrative,	
resident (#55) of 3 residents reviewed for		the misappropriation resident (#55) of 3	on of medication for one residents reviewed for	<u> </u>			<u> </u>
màdication management		medication manag	ement.				V. 2000.

FORM CMS-2587(02-99) Previous Versions Obsoleta

11-20-17 14:59 FROM-

lakebridge

Event (D: OMO511

Facility ID: TN9008

If continuation sheet Page 1 of 6

T-333 P0003/0014 F-942



11-20-17 15:00 FROM- lakebridge 4239750098 P0004/0014 F-942 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (x2) MULTIPLE CONSTRUCTION SYATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING_ 445358 8. WING 10/25/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 116 WOODLAWN DRIVE LAKEBRIDGE, A WATERS COMMUNITY, LLC JOHNSON CITY, TN 37604 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (XS) · COMPLETION (X4) ID PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F224 F 224 Continued From page 1 F 224 The Facility will prevent misappropriation The findings included: of Medication. Review of the facility policy, Controlled CORRECTIVE ACTIONS: Substances, dated November 2016, revealed Resident # 55 was discharged from the "...b. All...controlled substances...will be counted Facility on 8/25/17. Pharmacy was notified each shift...both nurses will count the number of 9/1/17 and charged the facility for cost of packages of controlled substances that are being medication. Physician, Responsible Party reconciled during shift to shift count...". and Police were notified on 9/1/17. Medical record review revealed Resident #55 was admitted to the facility on 11/12/15 with diagnoses **IDENTIFICATION** instuding Hypertension Dementiscand Audit of all medication carts and parcotics... Quadriplegia. Continued medical record review were conducted by the Director of Nursing revealed the resident was discharged home on and Assistant Director of Nursing on 9/1/17 8/25/17. NO CONCERNS NOTED: 100% audit of all narcotic medication, Narcotic Sheets. Review of a controlled medication receipt, dated -Pain Assessments and MARS was 8/26/17, revealed the facility had received a 30 completed by Consultant Pharmacist on count of the medication Alprazolam (anxiety 9/8/17. No concerns identified. medication), the day after the resident had been discharged. MEASURES'/SYSTEMIC CHANGES Interview with the Director of Nursing on 10/25/17 DON/ADON in-serviced licensed nurses on at 10:22 AM, in the conference room, revealed 9/4/17. Director of Nursing, Assistant

the Assistant Director of Nursing (ADON) discovered the empty medication card in the facility's Sharps container (a hard plastic container used to store needles and other sharp instruments safely) on 9/1/17. Continued interview revealed the medications from the card (30 Alprazolam tablets) could not be accounted for. Continued interview with the DON and review

of the facility's investigation dated 9/1/17,... revealed the charge nurses had falled to count the number of controlled substance cards at the change of shift. Continued interview confirmed

the racinly's policy for the management of vcontrolled substances had not been followed.

Director of Nursing and Nursing Supervisor

will audit licensed nursing staff during shift

change for proper narcotic count technique and properly stored medication in med carts

weeks then monthly for 3 months to ensure

For 5 days a week then 3x week for 4

compliance. Negative finding will be

addressed immediately and education

provided as needed.

T-333 P0005/0014 F-942

FORM APPROVED OMB NO. 0938-0391

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	445358				10.	10/25/2017	
NAME OF PROVIDER OR SUPPLIER LAKEBRIDGE, A WATERS COMMUNITY, LLC				STREET ADDRESS, CITY, STATE, ZIP CO 115 WOODLAWN DRIVE JOHNSON CITY, TN 37604		20/2011	~
(XA) LD PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X {EACH CORRECTIVE ACTION S	HOULD BE	COMPLETION DATE	
F 309 SS=D	483.24, 483.25(k)(l FOR HIGHEST WE	PROVIDE CARE/SERVICES	FS	MONITOR/OA FAA4			
	applies to all care a residents. Each res facility must provide	Indamental principle that nd services provided to facility sident must receive and the the necessary care and		The Director of Nursing will prindings of audits to the QAP (Medical Director, Administration of Nursing, MDS and Assessing Supervisor, Ma Social Services Director and of Social Services Director and of the Social Services Director and other services Director and Se	Committee utor, Director nent Nurse, Intenance.		
	practicable physical well-being, consiste	maintain the highest , mental, and psychosocial int with the resident's essment and plan of care.		appropriate) monthly for revie	w and	1130/11 1/30/17	
j	Quality of care is a applies to all treatm facility residents. Ba assessment of a residents received accordance with propractice, the compression of the facility must enprovided to resident consistent with profit the compresidents' grand the residents' grand th	iundamental principle that ent and care provided to sed on the comprehensive sident, the facility must ensure re treatment and care in pressional standards of chensive person-centered esidents' choices, including of following: Int. Sure that pain management is so who require such services, person-centered care plan, oals and preferences.	《海峡》次	The Facility will follow elephy medication order. CORRECTIVE ACTIONS: Director of Nursing reviewed the orders for Resident # 200. Familieview of discharged meds. Erroidentified upon this review and responsible party, Veterans Admind the Medical Director was not Medical Director reviewed the I Errors and saw no adverse effect resident. No other concerns were	e Physician ly requested ors were the ninistration otified, The Viedication ts for this	71347	F
	residents who requires rvices, consistent of practice, the compare plan, and the repreferences.	ility must ensure that re dialysis receive such with professional standards prehensive person-centered esidents' goals and This not met as evidenced					
44.44	·Based on reveiw of	the facility policy medical					430

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Oct. Dentification Dentification Director of Nursing of the Assistant Director of Nursing and initial all new and readmission orders for accuracy within 124 hours. The Director of Nursing or the Assistant Director of Nursing and Assistant Director of Nursing or the Assistant Director of Nursing and Chincal Team (MDS and MDS Assessment Nurse) will saudt all orders daily during morning clinical meeting to ensure accuracy. Any negative findings will be addressed, chucation provided and care plans updated as needed. Director of Nursing and Assistant Director of Nursing and Chincal Team (MDS and MDS Assessment Nurse) will saudt all orders daily during morning clinical meeting to ensure accuracy. Any negative findings will be addressed, chucation provided and care plans updated as needed. Director of Nursing will be addressed, chucation provided and care plans updated as needed. Director of Nursing and Assistant Director of Nursing and Chincal Team (MDS and MDS Assessment Nurse) will saudt all orders daily during morning clinical meeting to ensure Director of Nursing (DIV) Director of Nursing (DIV) Di	NAME OF I	PROVIDER OR SUPPLIER	1	<u>'</u>	STREET ADDRESS, CITY, STATE		,20,2017		
DENTIFICATION F 309 Continued From page 3 record review, and interview, the facility failed to follow a physician's medication order for 1 resident (#200) of 37 residents reviewed. The findings included: Review of the facility policy, Medication Record: Transcription of Doctors Orders and Documentation, dute revised 4/16, revealed " Transcribe Physician's written orders to MAR Imadication administration record]. Dosage to be administered on 10/9/17 with diagnoses including Anoxic Brain Damage, Epidepsy, Hyperflipidemia, and Dysphagia. Medical record review of Resident #200 Mass admitted to the facility on 10/2/17 revealed " Carbamazepine [selzure medication] 200 mg [milligram] CAP (capsule) two capsules by mouth twice a day [total of 400 mg brice a day). Simvastatin (cholesterol medication] 40 mg TAB [lablet] take one-half tablet (lotal dose of 20 mig) by mouth at bedtime. CarbAMazepine Tablet 200 MG Give 200 mg by mouth by the difference of Nursing on the bricetor of Nursing and Assistant Director of Nursing and Clinical Team (MDS and MDS Assessment Nurse) will audit all orders daily during morning clinical meeting to ensure all medications provided and care plans updated as needed. " Simvastatin Tablet 40 MG Give 1.5 tablet [total of 60 mg] by mouth at bedtime. CarbAMazepine Tablet 200 MG Give 200 mg by mouth by two capsules of the provided and care plans updated as needed. " Simvastatin Tablet 40 MG Give 1.5 tablet [total of 60 mg] by mouth at bedtime. CarbAMazepine Tablet 200 MG Give 200 mg by mouth by two capsules of the provided and care plans updated as needed. " The Director of Nursing and Assistant Director of Nursing and Clinical Team (MDS and MDS Assessment Nurse) will audit all orders daily during morning clinical meeting to ensure acuracy. Any negative findings will be addressed, education provided and care plans updated as needed. " In the province of Nursing states of the province of Nursing and Clinical Team (MDS and MDS Assessment Nurse) will audit all orders daily during	LAKEBR	IDGE, A WATERS CO	MMUNITY, LLC						
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Interview with the Director of Nursing (DON) on	٠.								
					plans updated as neede	d.,	· · · ·		
1 10/26/17 at 3:46 PM, in the conterence room, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
				L	York Mark	**************************************			
confirmed the Resident #200 had not received the medication as prescribed by the Rhysician's	1 ()			4044		49662 HAV (MA)	discussion in the land		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OMB NO. 0938-0391

FORM APPROVED

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT AND PLAN (MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	<i>:</i>	445358	B. WING _	·	10/25/2017
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	
LAKEBR	NDGE, A WATERS CO	MMUNITY, LLC		115 WOODLAWN DRIVE JOHNSON CITY, TN 37604	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC [DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 309		ge 4 interview confirmed the	F 30		***
	resident received th	ne wrong dosage of 2 ne facility's policy had not been		The Director of Nursing will present findings of audits to the QAPI Co. (Medical Director, Administrator, of Nursing, MDS and Assessment	mmittee Director
"F 323 SS=D	HAZARDS/SUPER	1)-(3) FREE OF ACCIDENT VISION/DEVICES	F 32	Housekeeping Supervisor, Mainte Social Services Director and other appropriate) monthly for review a	nance, staff as
	(d) Accidents. The facility must en	sure that - vironment remains as free		recommendations.	11/30/19
a, Jak	from accident haza	rds as is possible; and eceives adequate supervision	g sårge gr	The facility will ensure residents from accident hazards.	11 30 17
	(n) - 8ed Rails. Th	ices to prevent accidents. e facility must attempt to use tives prior to installing a side or	, 	CORRECTIVE ACTIONS:	
	must ensure correct	r side rail is used, the facility it installation, use, and it rails, including but not limited		Lighter was removed from Resident and room was checked by Social Director on 10/25/2017 to ensure	Services there was
		dent for risk of entrapment		no other smoking materials or saf were present. None were found. IDENTIFICATION	ety hazards
•		and benefits of bed rails with dent representative and obtain nor to installation.		Rooms of residents that smoke we checked by Social Services Direct Interim Medical Records on 10/2	or and
: · .	appropriate for the	bed's dimensions are resident's size and weight. VT is not met as evidenced	,	ensure there were no smoking ma safety hazards were present. All re rooms and facility were inspected	terials or esident by
	by Based on facility p review, observation	olicy review, medical record , and interview, the facility		Department Heads on 10/27/2017 no safety hazards were present. No noted:	o ensure one were
10 10 10 10 10 10 10 10 10 10 10 10 10 1		e resident (#129) was free rds of 37, sampled residents,		THE SHAPE TO SEE THE SECOND	

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		EXIMILES. HIGGISON
		FORM APPROVE

		AND HUMAN SERVICES				FORM A	APPROVED 0938-0391	
STATEMENT	ENTERS FOR MEDICARE & MEDICAID SERVICES TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED	
	445358		B. WING	<u>, </u>		10/2	25/2017	
NAME OF PROVIDER OR SUPPLIER				3	TREET ADDRESS, CITY, STATE, ZIP CODE		·	
LAKEBRIDGE, A WATERS COMMUNITY, LLC				11	15 WOODLAWN DRIVE].	
PUI/PDI/	doct's marked of	- LLO		`J∘	OHNSON CITY, TN 37604	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (ÉACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) · COMPLETION DAYE	
F 323	Continued From pa	ge 5	F:	323	MEASURES'/SYSTEMIC CHAP	GES	1,000	,
	The findings include				All Residents that smoke were educe the smoking policy by the Social Se Director on 10/25/2017.			
`.		y policy "Smoking Guidelines of dated, revealed "all			All staff was educated by Director of	of ·	, , ,	
		lightersmatchesare kept	! .	ļ	Nursing by 10/27/2017 of accident/			
		single distribution only"	i '	ĺ	Department Heads, (Director of Nu		.]	
. 1				. (Assistant Director of Nursing, MD			•
		ew revealed Resident #129		. [Coordinator, MDS Assessment Nur			:
		facility on 5/31/17 with	i	i	Dietary Manager, Activity Director,		1	
. :		Paraplegia, Muscle			Services, Medical Records, Housek		• • .	. •
Don't C	Weakness, and Ga	stro-Esophageal Reflux	,	[Director and Admissions Director			
	Erzeitistan unter	•		``'j	Systemically check rooms on a daily			٠. ٠
		25/17 at 8:45 AM, in the]. •	٠	days a week, to ensure that no smol		. '	
		ealed the wound nurse		<i>'</i>	materials/safety hazards are present resident rooms and facility. An aud			
		ing change on the resident,		.	completed by Department Heads. D		· [
		tion revealed a lighter fell out	<u> </u>		days a week for 4 weeks then week		ì	
	of Resident #129's	pocket when the wound nurse		i	days a week for 4 weeks, then mont			: .
		nt's clothing to complete the		!	months on all residents that smoke i			
	dressing change.			- ,	to ensure compliance. Any concerns			
	Infoniouseith the D	irector of Nursing on 10/25/17		۱ ۱	addressed			
		onterence room, confirmed			Audis provided to Administrator	for		
		not have had the lighter on his		.	follow up with correction being mad	le and		Ü
		ility's policy for smaking		į	education provided.			
	materials had not b	een followed.		.	MONITOR/QA		1	•:
		•			and a landar and the			
					The audits by Department heads will	pe	·	
			j . •		given to the Director of		.].	
			Į		Nursing/Administrator to present fin	amgs of		
. 1			٠ .	. • •	these audits to the QAPI Committee (Medical Director, Administrator, Di			,
					of Nursing, MDS and Assessment N			
					Housekeeping Supervisor, Maintena	iice, iiice,		
		San Carlotte San Carlotte	 		Social Services Director and other st	affac	(a) x .1	NT .
	100	Marie Barrell Barrell		15-6-1	appropriate) monthly for review and		. 113011	_
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